

**Fee is \$33****STATE OF CONNECTICUT INSURANCE DEPARTMENT****Application for****BUSINESS ENTITY VIATICAL SETTLEMENT BROKER LICENSE****Make check in the amount of \$33 payable to: "Treasurer, State of Connecticut"****For Dept Use Only**

Date: _____

Filing Fee: _____

License Fee: _____

**If Viatical Settlement business will be conducted under a Business Name, do not complete the Individual Application.
List all individuals acting on behalf of the firm on page two of this application.**

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ Tax ID# -	
④ DBA/Trade Name (if applicable)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ N/A		⑧ N/A			
⑨ Business Address		⑩ City		⑪ State	⑫ Zip
⑬ Phone Number () -	⑭ Fax Number () -	⑮ Business Web Site Address		⑯ Business E-Mail Address	
⑰ Mailing Address		⑱ P.O. Box	⑲ City		⑳ State ㉑ Zip

Status (Check One)

New License: ____ **Reinstatement:** ____ (CT License # _____)

Background Information**Please read the following very carefully and answer every question:**

A. Does the applicant and/or any of its designees now hold or have they ever held an insurance, securities or Viatical Settlement License in Connecticut or any other state? Yes ____ No ____

IF YES, list the state and type of license: _____

B. Has any disciplinary action, including, but not limited to, refusal, suspension, or revocation of an insurance license, ever been taken by any regulatory agency in Connecticut, or any other state, against applicant and/or any of its designees, or is there any such action now pending? Yes ____ No ____

IF YES, provide a full explanation on a separate sheet of paper (include documentation)

C. Have any of the applicant's designees ever been convicted of, or pled nolo contendere (no contest) to, a felony? Yes ____ No ____

IF YES, attach a separate sheet of paper giving date, name and address of Court, charge and outcome. For criminal convictions, attach an explanation and copy of all charges and Final Disposition from the Court, along with evidence of the degree of rehabilitation.

- D. List each individual who will be acting on behalf of the firm and include a signed Biographical Affidavit for each. List should include all stockholders, partners, key managers, officers, employees, etc who will act in this capacity (attach a separate sheet for additional names).

Full Name (Last, First, MI)	Title	SSN	Signature

Applicants Certification and Attestation

26 The undersigned owner, partner, officer or director of the applicant business entity* hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance, in Connecticut, to be my agent for service of process regarding all insurance matters; and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the Connecticut Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization, and I release the Connecticut Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

The undersigned duly authorized representative being first duly sworn deposes and says that (s)he has executed and read this application, that to the best of her/his knowledge and belief the statements made in this application, and in any attachment, are true and correct, and that (s)he has read and understands the insurance laws of the State of Connecticut. The undersigned further agrees that they will abide by the laws and regulations governing Viatical Settlements and will provide information to the prospective Viator including, but not limited to, alternative options and possible impact on Medicare and tax related issues.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

COMMISSION EXPIRES

Month Day Year

*Original Signature of Affiant

(SEAL)

Full Legal Name of Affiant (Printed or Typed)

Attachments

1. **Residents and Nonresidents:** "Plan of Operation" including method of marketing techniques and steps taken to ensure Viator's privacy.
2. **Nonresidents:** Certificate of Good Standing from state of domicile dated within **90 days** of application and Certificate of Good Standing from Connecticut Secretary of the State dated not more than **15 days** before or after the date of filing.

Revised 10/01/03

**RETURN TO:
Insurance Department - Licensing
PO Box 816
Hartford, CT 06142-0816**